



**MIAMI-DADE COUNTY
EMPLOYEE RELATIONS DEPARTMENT
ADMINISTRATIVE SERVICES DIVISION**

111 N.W. 1st Street – Suite 2010
Miami, Florida 33128

VOUCHER REQUEST FORM

Please process a voucher for:

Name _____ Classification _____

Social Security No. _____

DDL _____

It is understood that the requesting department will be charged \$25.00 for processing this voucher. This charge should go against Index Code _____.

Please forward this request to the Administrative Services Division, Employee Relations Department.

Authorizing Signatures

Department Personnel Representative _____

Department Director _____

Do not write below this line – For Administrative Services Division use only

Date: _____, 20____